

IN THE CLAIMS

Please cancel Claims 1-16.

REMARKS

A Notice of Allowance for Claims 17-27 is respectfully requested. Should it facilitate allowance of the application, the Examiner is invited to telephone the undersigned attorney. The Commissioner is hereby authorized to charge any additional payment that may be due or credit any overpayment to Deposit Account No. 501735.

Respectfully submitted,

HITT GAINES & BOISBRUN, P.C.



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Date: 11/12/01

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